VA QUERI Quarterly

NEWSLETTER OF THE QUALITY ENHANCEMENT RESEARCH INITIATIVE

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Improving Treatment for Depression in Primary Care

By current estimates, depression is the second most prevalent illness in VA healthcare settings - approximately 7% of VA patients meet criteria for major depression, and veterans with depression account for 14.3% of total VA healthcare costs.[1] Although there is substantial evidence that collaborative care models can significantly improve treatment and outcomes for primary care patients with depression,[2-6] these models have not yet been implemented nationally across the VA or any other large healthcare system. Collaborative care for depression is consistent with the chronic illness care model[7] and involves an integrated collection of quality improvement strategies and tools, including:

- Patient self-management support,
- Clinician education and decision support,
- Care management, and
- Active collaboration between primary care and mental health specialists.

In This Issue

National implementation of a complex treatment model like collaborative care will require considerable system resources, but the VA may be particularly well-suited to respond to this challenge through its ability to provide computerized decision support, performance measurement, employee education, and other necessary resources to support and sustain system-wide implementation.

A recent Mental Health QUERI project titled 'Translating Initiatives for Depression into Effective Solutions (TIDES)' implemented collaborative care models for depression in a limited number of primary care practices located across three Veterans Integrated Service Networks (VISNs 10, 16 and 23). TIDES investigators used an innovative evidence-based quality improvement (EBQI) process to facilitate collaboration among researchers, network administrative leaders, and clinicians to adapt evidence-based depression collaborative care models for implementation across diverse VA settings. The EBQI process allows the implementation of collaborative care to be tailored to the desires and preferences of network leaders, while remaining faithful to the evidence base for model design. Results to date have shown that TIDES collaborative care enables about 80% of depressed patients to be treated effectively in primary care, producing substantial improvements in patient treatment compliance, depression symptoms, and functioning.

Moving Toward National Implementation

To capitalize upon TIDES successes and maintain forward momentum toward national implementation, a new 3-year research initiative titled 'Expanding and Testing VA Collaborative Care Models for Depression' was recently funded by HSR&D. The project, also referred to as 'Regional TIDES Spread (ReTIDES),' will utilize a quasi-experimental research design to address the following goals:

- Spread TIDES collaborative care to second-generation clinics in three VA networks that participated in the original TIDES project, and to additional clinics in a VA network (VISN 22) that did not participate.
- Prepare for national VA implementation of TIDES collaborative care.

In ReTIDES, investigators and project collaborators will work to create bottom-up and top-down demand for improved depression care, while simultaneously working to create the conditions under which

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Q&A with the New Associate Director of HSR&D

Joseph Francis, MD is the newly appointed Associate Director for VA's Health Services Research and Development Service (HSR&D). He is responsible for the overall administration and coordination of implementation activities, as well as the Quality Enhancement Research Initiative (QUERI). Dr. Francis is board-certified in internal medicine, geriatrics, and medical management. He was a clinical manager in VISN 9 before serving as vice president for Data Management and Quality at St. Vincent's Hospital in Indianapolis for the past four years. Following is a brief Q&A, in which he discusses his vision for QUERI.

How did you first learn about VA's Quality Enhancement Research Initiative?

While working in the private sector, I kept up with health services research and QUERI, in particular, because it helped me make evidence-based managerial decisions.

I was always one of its strong supporters because I believe that health services research needs to be integrated into clinical practice. QUERI isn't just about educating and sharing knowledge, it's about partnering to bring about real change.

Why did you return to VA to lead its implementation research efforts?

VA provides the best environment for implementation research, which is key to providing quality health care, and the QUERI program is a great example of this type of research. QUERI leadership did a remarkable job with this groundbreaking initiative, including Drs. John Demakis (former HSR&D Director), Lynn McQueen (former Associate Director, QUERI), and Brian Mittman (former Acting Associate Director, QUERI). The QUERI groups are also rich in health services researchers who make substantial contributions to our understanding of quality improvement through their research and publications in preeminent journals. For all of these reasons, I was honored and pleased to return to VA in this capacity.

What do you believe are QUERI's most important goals, and have those changed since its original mission?

The overarching goal remains the same: To systematically implement evidence-based practice across a large integrated healthcare system. Another major goal is to improve the speed of this process so that patients get better care, faster.

However, the QUERI program is evolving based on new knowledge, as well as the unique needs of our veterans. For example, by conducting intervention analyses we know more about how practice guidelines get implemented and which computerized clinical reminders work best, and how team-based care or financial incentives work. These lessons learned, and others, help QUERI target organizational interventions that will be most effective. As QUERI evolves, we'll also address topics that go beyond chronic diseases, such as deployment health issues that uniquely affect the veteran population. For example, there will be a new QUERI that targets issues surrounding traumatic amputations, such as those suffered by our military serving in Iraq.

In terms of scale, we need to take successful, single-site implementation studies and replicate those successes across the VISNs. In order to accomplish this, we'll work closely with VA's administrative leadership, such as the Office of Quality and Performance (OQP), as well as operational leadership - from the Under Secretary of Health to VISN leadership.

What in the current health care climate has most affected QUERI? And how will QUERI impact the VA health care system?

One of the major challenges for health care in this country is that many evidence-based advances are not being implemented, thus patient care is not advancing as quickly as it should be. In the past, health care professionals thought that passing along information was adequate. What we've learned, however, is that we need active interventions at multiple levels to make real changes in patient care. Because of this critical need, there's a great sense of urgency about QUERI and other initiatives surrounding the translation of evidence-based research into practice. Research must start showing a return on the investment, such as societal benefits and better patient outcomes. This demand for tangible improvements is happening across the spectrum of U.S. healthcare.

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CHIACC: Creating HealtheVet Informatics Applications for Collaborative Care

CHIACC will address the challenges of developing informatics support for chronic illness care. The prevailing model for effective chronic illness care focuses on collaborative interactions between an informed, activated patient and a proactive practice team. However, not enough is known about how to provide informatics support for these interactions. Thus CHIACC's mission is twofold:

1) Achieve consensus among experts on the informatics support requirements for chronic illness collaborative care, and

2) Evaluate an informatics support application for collaborative care of depression and schizophrenia. This module will serve as a foundation for informatics support of other chronic illnesses.

Although informatics support needs will differ for different chronic illnesses, we expect that experts will agree on the fundamental components. We also expect that the usability of an informatics module that is designed in accord with expert consensus will be rated as superior to CPRS (VA's Computerized Patient Record System), which lacks such a module. CHIACC will be designed to work with CPRS, and it will include added features specific to collaborative care for chronic illnesses (initially depression and schizophrenia). The exact content of the informatics module will be determined during the initial stages of the project, which will include input from an expert panel. We anticipate that clinicians using the CHIACC module will save time spent on care management activities.

"…effective chronic illness care focuses on collaborative interactions between an informed, activated patient and a proactive practice team."

CHIACC will proceed in three linked phases. Phase 1 will produce a document reflecting the expert consensus regarding the required structure and content of an informatics module to support collaborative chronic illness care. This document will present commonalities and differences in requirements for different chronic illnesses such as diabetes, chronic heart failure, ischemic heart disease, depression, schizophrenia, and substance use disorders. Phase 2 will focus on the design and prototype of a collaborative care informatics module or 'plug-in,' specifically for depression and schizophrenia. In Phase 3, the prototype will be evaluated in two ongoing VA Mental Health QUERI research programs: EQUIP - 'Evaluating a Collaborative Care Model for the Treatment of Schizophrenia,' and TIDES - 'Translating Initiatives for Depression into Effective Solutions.'

Representatives of several QUERI groups will be involved in expert consensus activities and will assist with dissemination. In addition, we will work closely with representatives from VIReC (VA's Information Resource Center) and VA's Office of Informatic's. Project products will include a prototype HealtheVet-compatible informatics module with specific features for depression and schizophrenia, and consensus recommendations for optimizing collaborative chronic illness care informatics support.

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Alex Young, MD, MSHS
Laura Bonner, PhD

QUERI Quarterly is a quarterly publication of the Office of Research and Development's Health Services Research and Development Service. This newsletter discusses important issues and findings regarding the Quality Enhancement Research Initiative. QUERI focuses on eight conditions due to their high volume and/or high risk among VA patients: colorectal cancer, diabetes, HIV/AIDS, ischemic heart failure, mental health, spinal cord injury, stroke, and substance use disorders. *QUERI Quarterly* is available on the web at www.hsrd.research.va.gov/publications/queri_quarterly/

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How do you see yourself working with the QUERI Coordinating Centers?

There are several important issues that we need to address, such as the most efficacious balance between field-based support and support from Headquarters (CO). For example, I want to strengthen the relationship between the QUERI Centers and HSR&D's four resource centers (CIDER, HERC, METRIC, and VIReC), which can offer valuable support on matters ranging from dissemination to health economics to measurement and data issues.

CO can also help the QUERI Centers in several other areas, including diplomacy and liaison with the key stakeholders, funding, facilitating the review process, as well as helping sort out IRB issues.

Where would you like to see QUERI in five years?

Implementation efforts need to span the entire pipeline of research within VA. In five years, I'd like to see QUERI so embedded into VA's organizational framework that clinical care is routinely - and seamlessly - based on evidence-based practice. I also would like to see QUERI tools applied to broader issues. In addition to patient and disease concerns, QUERI principles could be extended to organizational issues such as implementation of care coordination or the computerized patient record. QUERI will continue to evolve and expand and, most importantly, it will continue to help us improve the care of veterans.

Dr. Francis is in the process of visiting all of the QUERI Coordinating Centers to share and gather information on a broad range of issues. You may reach him to discuss QUERI related issues via e-mail at joe.francis@hq.med.va.gov.

Depression

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the collaborative care model can continue to flourish in routine practice into the future (e.g., an ongoing clinical/research partnership will be critical to ensure long-term sustainability). At the conclusion of ReTIDES, investigators will understand the extent to which a national implementation package for depression collaborative care can be developed through a clinical/research partnership that is attractive to stakeholders, can be economically spread, has a positive impact on clinicians and patients, and responds to preferences and priorities of national VA leaders. ReTIDES will also produce valuable practical and scientific knowledge about how evidence-based clinical practices can be broadly implemented and sustained across large, integrated healthcare systems.

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QUERI Submission Deadline

QUERI Quarterly is glad to accept submissions for publication consideration. Please submit articles, updates or other information of interest to our readers by **Monday, November 1, 2004** for publication in our December 2004 issue. Submit to Diane Hanks at diane.hanks@med.va.gov.